

OFFICE OF STATE UNIFORM PAYROLL
FORM 1099 REQUEST

TO: Office of State Uniform Payroll
1201 North Third Street, Suite 3-210
Baton Rouge, LA 70802

FROM: _____

Agency Name

Personnel Area Number

DATE: _____

Please issue the following Form 1099 for **Tax Year** _____:

1099-MISC []

or

1099-INT []

For wages paid on behalf of a deceased employee
or attorney fees

For interest paid pursuant to a back pay award.

Employee Information:

Employee Name

_____-_____-_____
Social Security Number

Personnel Number

Payment Information:

Payee _____

_____-_____-_____
Social Security Number

OR

_____-_____-_____
Taxpayer Identification Number
of decedent's estate

Check Date: _____

Gross Amt: _____

Check Number: _____

Net Amt/Check Amt: _____

Interest Amt: _____

Approved by:

Signature

Printed Name

Title

Date

Attachment(s): Proof of Payment, copy of check
Form W-9, completed with payee information (Deceased employee only)
Affidavit (Deceased employee wages paid to surviving spouse or major child only)
Release Document (Deceased payments only)